

Utah Amber Alert Form

Forward to Salt Lake Communications Center: E-Mail: amberalert@utah.gov
Fax: (801) 887-3810, and
Phone: (801) 887-3800

AGENCY INFORMATION

Agency _____

ORI # _____

Officer's Name _____

Internal Contact # / Public Contact # _____

Supervisor's Approval _____

Y N *

- ☐ ☐ Is this believed to be a child abduction?
☐ ☐ Is this child 17 years of age or younger
or an individual with a proven mental or
physical disability?
☐ ☐ Is the victim believed to be facing
imminent danger, serious bodily injury or
death?
☐ ☐ Is there information that could assist the
public in the safe recovery of the victim
or apprehension of a suspect?

***Do NOT send the AMBER ALERT if the
answer is No to any of these questions.
The AMBER Alert is not to be used for
runaways or custodial disputes unless
you answer yes to all four questions.**

PLEASE INCLUDE ALL APPLICABLE DATA

VICTIM DATA #1

Name: _____
Age and Race: _____
Hair, Height and Weight: _____
Clothing Description: _____
Last Known Location: _____
Time and Date of Event: _____

VICTIM DATA #2

Name: _____
Age and Race: _____
Hair, Height and Weight: _____
Clothing Description: _____

SUSPECT DATA #1

Name: _____
Age and Race: _____
Hair, Height and Weight: _____
Clothing Description: _____

SUSPECT DATA #2

Name: _____
Age and Race: _____
Hair, Height and Weight: _____
Clothing Description: _____

VEHICLE DATA

Color and Year: _____
Make, Model and Style: _____
License Plate State and Number: _____

ATTACH ADDITIONAL INFORMATION IF NECESSARY